

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**FILING DATE**

11 596472

ad 14/06

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
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8						
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10						
11						
12						
13						
14						
15			1			
16					1	
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34						
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36						
37						
38						
39						
40					1	
41						1
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			1			3
TOTAL DEP.					4	
TOTAL CLAIMS			4			7